

MAR 22 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6969

1. PLACE OF DEATH

County Lafayette
Township Lexington
City Lexington (No.)

Registration District No. 461
Primary Registration District No. 3024

File No.
Registered No.
St. Ward)

2. FULL NAME Thomas Lester Beach

(a) Residence, No. St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Ma. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 0 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. jewelerman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Mo.

13. NAME Joseph Beach

14. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Irene Corum

16. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Mo.

17. INFORMANT Arch Skelton (ADDRESS) Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Butler, Mo DATE Feb 10, 1937

19. UNDERTAKER Winkler (ADDRESS) Lexington, Mo.

20. FILED Feb 11, 1937 3:13 PM at Lexington, Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1937, to Feb. 8, 1937. I last saw him alive on Feb. 5, 1937. Death is said to have occurred on the date stated above, at 7:45p.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
Hypertension

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) J. S. Cape, M. D.(Address) Lexington, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

